

APR 21 2018

LEGISLATIVE RESOURCE CENTER APR 18<sup>th</sup> 8

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OFFICE OF THE CHIEF CLERK  
U.S. HOUSE OF REPRESENTATIVES

<b>UNITED STATES HOUSE OF REPRESENTATIVES</b>			
<b>FINANCIAL DISCLOSURE STATEMENT</b>			
Name: <u>THANK YOU &amp; M. LINDSEY MOORE</u> Telephone: _____			
<b>FILER STATUS</b>	<input checked="" type="checkbox"/> New Member or Candidate for U.S. House of Representatives	State: <u>KY</u>	<input type="checkbox"/> Check if Amendment
	<input type="checkbox"/> New Officer or Employee Employing Office: _____	Staff Filer Type (If Applicable): Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>	Period Covered: January 1, _____ to _____

**FORM B**  
For New Members, Candidates, and New Employees

cc

<b>OFFICE OF THE CHIEF CLERK U.S. HOUSE OF REPRESENTATIVES</b>	
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**PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS**

- A. Did you, your spouse, or your dependent child:
- Own any reportable asset that was worth more than \$1,000 at the end of the reporting period?
  - Receive more than \$200 in unearned income from any reportable asset during the reporting period?
- C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
- D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
- E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? Yes  No
- F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?
- J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? Yes  No

**ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES!"**  
**THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE**

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS**

**TRUSTS** – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?

**EXEMPTION** – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes  No   
Yes  No

## **SCHEDULE A – ASSETS & “UNEARNED INCOME”**

Name: STUART

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**Use additional sheets if more space is required.**

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## **SCHEDULE A - ASSETS & "UNEARNED INCOME"**

Name: STUART H. LINDHEIMER Page 5 of 8

**Use additional sheets if more space is required.**



## SCHEDULE D - LIABILITIES

STUART H. LINDEMANN JR  
Name:

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**Report** liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. **Mark the highest amount owed during the reporting period.** **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you own it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. **Report a revolving charge account** (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000.

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period.											
New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.											
Sp. DC, JR	Creditor	Date Incurred MO/YR	Type of Liability	Amount of Liability							
				A	B	C	D	E	F	G	H
SP	CHASE / VISA	6/18	CREDIT CARD	X							
SP	B of A / VISA	08/17	CREDIT CARD	X							
					\$10,001-\$15,000						
					\$15,001-\$50,000						
					\$50,001-\$100,000						
				X	\$100,001-\$250,000						
					\$250,001-\$500,000						
					\$500,001-\$1,000,000						
					\$1,000,001-\$5,000,000						
					\$5,000,001-\$25,000,000						
					\$25,000,001-\$50,000,000						
					Over \$50,000,000						
					Over \$1,000,000* (Spouse/DC Liability)						K

## SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members** and **second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

Use additional sheets if more space is required.

## SCHEDULE F – AGREEMENTS

STUART H. C. INGEMAN  
Name: III

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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

**SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE**

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services

Use additional sheets if more space is required.

**FILER NOTES  
(Optional)**

**CHANK**  
STUART  
Name:

**STUART H UNDERWOOD**  
Name: STUART H UNDERWOOD

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**FILER NOTES  
(Optional)**

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Name SITI AYU HENDRAWAN Page 8 of ed

**Use additional sheets if more space is required.**